

DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

10/568746

FILING DATE

APPLICANT(S)

4-12-01 CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		2		2		2
4		2		2		2
5		2	1	2	1	2
6				2		2
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TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←	2	←	2	←	2
TOTAL CLAIMS	←	14	←	14	←	14
		16		16		16

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS	←		←		←	

BEST AVAILABLE COPY